TAX REGISTRATION APPLICATION FOR MOTOR FUELS LICENSE

Kentucky Spirity

Commonwealth of Kentucky **DEPARTMENT OF REVENUE**

Print or Type All Answers

SECTION 1—GENERAL INFORMATION (Must be completed by all applicants.)						
1.	Check the license type for which this registration application is completed. ☐ Gasoline Dealer's License (Complete Sections 2, 3, 4, 5 and 6.) ☐ Special Fuels Dealer's License (Complete Sections 2, 3, 4 and 5.) ☐ Motor Fuels Transporter's License (Complete Section 9.) ☐ Liquefied Petroleum Gas Dealer's License (Complete Sections 2, 7 and 8.)					
2.	Check the reason for completing this application. ☐ New Applicant					
3.	☐ Information Update Legal Business Name ☐ Other (specify reason)					
4.	Do you operate this business under any other name? ☐ Yes ☐ No					
5.	If yes, provide other name					
6.	Check the type of current ownership. ☐ Individual ☐ Corporation ☐ LLC ☐ Date of Incorporation ☐ LLC ☐ State of Incorporation ☐ State of Incorporation ☐ LLC ☐ State of Incorporation ☐ L					
	Provide owner and/or corporate officer details below, or if corporations have joined in a partnership, attach a list of each					
	qualifying corporation and corresponding corporate officer details. Last Name First Name M.I. Title Residence Address Social Security Number					
7.	Does the applicant have any interest in any current or former motor fuels license or had any license or permit suspended, cancelled or revoked? No (If yes, attach a complete written explanation.)					
8.	Mailing Address and Telephone Number () –					
	P.O. Box or Number and Street/Highway City State ZIP Code + 4 Telephone Number					
9.	Fax Number Contact E-mail Address Kentucky Business Location and Telephone Number (If more than one Kentucky location, attach list of all.) () –					
10.	Number and Street/Highway City County State ZIP Code + 4 Telephone Number Address Where Records are Available for Audit and Telephone Number () -					
	Number and Street/Highway City State ZIP Code + 4 Telephone Number					
11.	Give the date motor fuel activity began or will begin in Kentucky. Month Day Year					
	Does or will your company have the capability to remit payments by electronic funds transfer?					
13.	□ Federal Employer ID Number □ Corporation Income Tax Number □ Sales and Use Tax Num					
14.	☐ KY Unemployment Insurance Number ☐ Withholding Tax Number ☐ List previous ownership data. Name Under Which Business Operated ☐ ☐ Withholding Tax Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
15	Owner Name and Current Address Telephone Number (Motor Fuels Tax License Number(s) Required Attachments:					
13.	(A) Applicants for new license must attach either an executed corporate surety bond on Revenue Form 72A301, a line of credit letter, or provide documentation for an account with a financial institution maintaining a compensating balance.					
	 (B) Nonresident corporations must attach a certified copy of their Certificate of Authorization to transact business in Kentucky issued by the Kentucky Secretary of State. For information, contact the Secretary of State's office at (502) 564-3490. (C) Attach a certified financial statement. 					
File	File only one application. For assistance, call (502) 564-3853, fax (502) 564-2906. Mail completed application and all attachments to: Motor Fuels					

File only one application. For assistance, call (502) 564-3853, fax (502) 564-2906. Mail completed application and all attachments to: Motor Fuels Tax Section, P.O. Box 1303, Station 63, Frankfort, KY 40602-1303. Overnight delivery 501 High Street, Frankfort, KY 40601-2103.

1.					
2. 3.	Does or will the applicant regularly import motor fuel into Kentucky? Which type of fuel is or will be imported? Gasoline Special Fuels Liquefied Petroleum Gas How is the fuel transported? Own Equipment (Attach a list of all truck vehicle identification numbers.) For Hire Carrier (Attach a list of all transporters' names and addresses and motor fuels transporter license numbers.)				
4.	List supplier(s) below and attach a cop Company Name	•	City and Sta		
5.	List customer(s) below and attach a co Company Name	py of contract(s). Address	Cit KY	y Destination	
			KY		
			KY		
O.E.	CTION 2 EVROPT INCORMATION				
SEC	CTION 3—EXPORT INFORMATION	1			
1. 2. 3.	. Which type of fuel is or will be exported? ☐ Gasoline ☐ Special Fuels				
4.	List supplier(s) below and attach a cop	· · · · · · · · · · · · · · · · · · ·	i a tist of all transporters ham	es una adaresses.)	
	Company Name	Address		y Origin	
			KY KY		
			KY		
5.	List customer(s) below and attach a co Company Name	py of contract(s). Address	City and Sta	te Destination	
SEC	CTION 4—DISTRIBUTION INFORM	IATION			
	Does or will applicant regularly engage in the distribution of motor fuel from bulk storage facilities primarily to others in arms' length				
1.			storage facilities primarily to o	thers in arms' length	
1.	transactions?	yes, complete this section.)	storage facilities primarily to o	thers in arms' length	
1. 2. 3.	transactions?	Tyes, complete this section.) uted? □ Gasoline □ Special Fuels of for wholesale distribution. Gasoline grade in	includes alcohol, gasoline-alco	hol blends, etc.	
	transactions?	Tyes, complete this section.) uted? □ Gasoline □ Special Fuels of for wholesale distribution. Gasoline grade in thway use) diesel, undyed (highway use) diesel	includes alcohol, gasoline-alco sel and kerosene. Attach addition	hol blends, etc.	
	transactions?	Tyes, complete this section.) Inted? □ Gasoline □ Special Fuels If for wholesale distribution. Gasoline grade in the second s	includes alcohol, gasoline-alcosel and kerosene. Attach addition	hol blends, etc. onal list if necessary.	
	transactions?	Tyes, complete this section.) Inted? □ Gasoline □ Special Fuels If for wholesale distribution. Gasoline grade in the second s	includes alcohol, gasoline-alco sel and kerosene. Attach addition	hol blends, etc.	
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	transactions?	Tyes, complete this section.) Inted? □ Gasoline □ Special Fuels If for wholesale distribution. Gasoline grade in the second s	includes alcohol, gasoline-alco sel and kerosene. Attach addition	hol blends, etc. onal list if necessary. Owned by Applican	
	transactions?	Tyes, complete this section.) Inted? □ Gasoline □ Special Fuels If for wholesale distribution. Gasoline grade in the second s	includes alcohol, gasoline-alcosel and kerosene. Attach additionatives, highway, city)	hol blends, etc. onal list if necessary Owned by Applican (Y or N)	
3.	transactions?	Tyes, complete this section.) Inted? □ Gasoline □ Special Fuels If for wholesale distribution. Gasoline grade in the second of the second o	des alcohol, gasoline-alcohol, gasoline-alco	hol blends, etc. onal list if necessary. Owned by Applican (Y or N)	
3.	transactions?	Tyes, complete this section.) Inted? □ Gasoline □ Special Fuels If for wholesale distribution. Gasoline grade in the section of the sectio	des alcohol, gasoline-alcohol, gasoline-alco	onal list if necessary Owned by Applican (Y or N) Olends, etc. Special if necessary. If Operated Under	
3.	transactions?	Tyes, complete this section.) Inted? □ Gasoline □ Special Fuels If for wholesale distribution. Gasoline grade in the section of the sectio	des alcohol, gasoline-alcohol, gasoline-alco	hol blends, etc. onal list if necessary Owned by Applican (Y or N) blends, etc. Special if necessary. If Operated Under	

SECTION 5—PRODUCTION INFORMATION									
Does or will the applicant regularly engage in the business of refining, producing, distilling, manufacturing, blending, or compounding fuel in Kentucky? □ Yes (Check block(s) that apply.) □ Gasoline □ Special Fuels									
Stre	Street or Highway and City Location KY								
SEC	SECTION 6—GASOLINE SALES INFORMATION								
List	List gallons of gasoline sold in Kentucky during the past consecutive 12-month period on which your company paid the state gasoline								
exci	se tax to your supplier(s).	Calling Call	Calliana Calli						
1.	Month/Year	Gallons Sold Month/Year 7.	Gallons Sold						
2.		8.							
3. 4		9. 10.							
6.									
SEC	TION 7—LIQUEFIED PE	TROLEUM GAS DISTRIBUTION INFORMATION							
1.		istribute liquefied petroleum gas in Kentucky for use in motor ve	hicles upon the public highways?						
2	\square Yes \square No (If yes, How is the fuel transported?	complete this section.) Own Equipment (Attach a list of all truck v	ehicle identification numbers)						
2.	from is the ruel transported:	☐ For Hire Carrier (Attach a list of all transpo							
3.	List supplier(s) below.								
	Company Name	Address	City Origin of Product KY						
	KY KY								
4.	List customer(s) below.	KY							
4.	Company Name	Address	City and State Destination						
SEC	CTION 8—LIQUEFIED PE	TROLEUM GAS USE INFORMATION							
Doe	s or will the applicant operate	any motor vehicles which use liquefied petroleum gas for the pr	opulsion of that motor vehicle on the						
_		No (If yes, complete this section. Attach additional list if nec							
Vehi	cle Identification Number	License Plate Year, Make and Model Number of Vehicle	Kentucky LP Gas Exemption Permit Number						
CEC	TO A NEDODT IN	JEODMATION							
	TION 9—TRANSPORT IN		. 1 . 1						
		in the business of transporting gasoline or special fuels into Ken (If yes, complete this section. Attach additional list if necessary.							
	Vehicle Identification Number License Plate Number Year, Make and Model of Vehicle								
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2.	3. List each storage tank used exclusively for terminal disbursement . Gasoline grade includes alcohol, gasoline-alcohol blends, etc. Special fuels type means dyed (nonhighway use) diesel, undyed (highway use) diesel and kerosene. Attach additional list if necessa If tanks and real estate are leased by applicant, attach name and address of owner.					
	Total Tank Capacity	Gasoline Tank Capacity	Special Fuels Tank Capacity	Terminal Code Number		City
	(in gallons)	(in gallons)	(in gallons)			
		> Ⅱ	MPORTANT: APPLICAT	ION MUST BE SIGNED BELOW		
➤ IMPORTANT: APPLICATION MUST BE SIGNED BELOW. The information contained in this application is hereby certified to be correct to the best knowledge and belief of the undersigned who is authorized to sign this application. Signature of owner or partners is required. If a corporation, an officer must sign.						
	Sign	ature		Print Name	Title	Date
	Sign	ature		Print Name	Title	Date
	Sign	ature		Print Name	Title	Date

SECTION 10—TERMINAL OWNER-OPERATOR INFORMATION